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ABSTRACT

This paper reports on the clinical and guidance component of a program designed to meet the needs of non-public school children in a New York City School District for the 1974-75 school year. In all, a total of 8,398 students from the non-public schools participated in the program. The evaluation of this program included: a) achievement measures in the instructional components of the program (i.e. corrective reading, corrective mathematics, and English as a second language), b) improvement of in-school behaviors, and c) a decrease in the basic problems which prompted the clinical and guidance referral. In general, the program was successful insofar as the evaluation objectives were met. The behavior of the pupils in the program improved significantly according to the referring teachers. (Author/AM)

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EVALUATION REPORT

Function No. 09-59630

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REMEDIAL SERVICES FOR ELIGIBLE NONPUBLIC SCHOOL PUPILS

CLINICAL AND GUIDANCE COMPONENT

School Year 1974-1975

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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An evaluation of a New York City school district educational project funded under Title 1 of the Elementary and Secondary Educational Act of 1965 (PL-89-10) performed for the Board of Education for the school year 1974-1975.

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TABLE OF CONTENTS

CHAPTER		PAGE
I	The Program	1
II	Evaluative Procedure	3
III	Findings	4
IV	Summary	6
V	Data Analysis	7
VI	Recommendations	15
	Exemplary Program Abstract	16

APPENDICES

A Mir Forms- Behavior Rating Scale Item

B Pre/Post Test Behavioral Rating Scale

LIST OF TABLES

TABLE		PAGE
I	Behavior Rating Scale Data Grades 10-12	7
II	Behavior Rating Scale Data Grades 7-9	9
III	Behavior Rating Scale Data Grades 4-6	11
IV	Behavior Rating Scale Data Grades 1-3	13

Chapter I

THE PROGRAM

This function was one of eight functions under an umbrella which was designed to meet the needs of the non-public school children who were declared eligible for this program. These children ranged from first to twelfth grade. The entire program provided Corrective Reading Service, Reading Skills Centers, Corrective Mathematics Services, English as a Second Language Service, Homework Helper Services, Handicapped Children Component, a Speech Therapy Component and this function, the Clinical and Guidance Services. There were 8,398 eligible pupils served by this Clinical and Guidance Component. These students were certified as eligible for this program's services according to the following criteria: (1) residence in an ESEA Title I Target Area; (2) achievement below minimal competency in reading; (3) participation in a Central ESEA Title I instructional component and (4) demonstrated need for clinical and/or guidance treatment.

The project objectives remained the same throughout the entire program. Briefly stated the objectives are to provide Clinical and Guidance Services so as to enhance pupil achievement in the instructional component; to provide diagnosis and treatment to those who are unable to profit from the remedial program and to assist these pupils so that they may be returned to these instructional programs; and to work with school parents and community in an attempt to identify and solve the problems which were discovered.

The Clinical and Guidance Component was staffed by psychologists, social workers, and guidance counselors. Psychologists provided diagnostic services. Individual and group counseling was provided primarily by counselors and social workers. Some psychologists also engaged in these practices. As a result of this Clinical and Guidance intervention, students were to be better equipped to handle their academic subjects by being made ready to participate in the group learning situations. In addition to direct intervention with students, teachers' conferences, parent conferences and parent workshops were conducted. The program was in effect from September 1974 to June 1975.

The evaluation objectives for this Clinical and Guidance Component call for an analysis of the major academic achievement effect as a result of Clinical and Guidance intervention. This will be accounted for in the four main instructional components; Corrective Reading, Corrective Mathematics, Reading Skills Centers and English as a Second Language. In addition, a rating scale developed by staff was used as a pre-post rating scale. Statistical significance was determined by the Sign Test.

Chapter 2

EVALUATIVE PROCEDURES

The evaluation objective that major academic achievement effects which result from Clinical and Guidance treatment are accounted for in the final evaluation reports of the instructional components; Corrective Reading; Corrective Mathematics,and English as a Second Language.

Beyond achievement measures the major evaluation objective for this component was improvment of in-school behaviors, and a decrease in the basic problem which prompted the Clinical and Guidance referral. A rating scale was developed by program personnel.

The scale measured school adjustment and reflected the ratings on a pre and post scale of the referring teachers. The Sign Test was employed to determine statistical significance between pre-post ratings in the behavioral areas which appear on the scale. The sample included all the students who participated in the Clinical and Guidance Component.

Two thousand seven hundred and forty-five students in grades one through three participated in the program. In addition there were 3,549 students from grades 4-6. Nineteen hundred and fifty-four students from grades 7-9 took part in the program. One hundered and fifty students from tenth through twelfth grade were serviced. In all a total of 8,398 students from the non-public schools participated in the Clinical and Guidance Component. The data was gathered at the beginning of treatment and at the end of treatment for each student who received Clinical and Guidance Services.

Chapter 3

FINDINGS

This component had as its evaluation objective that students who received Clinical and Guidance intervention would show statistically significant differences as a result of this intervention. The evaluation would be made by employing the Sign Test. The data to be evaluated were gathered from the pre-post rating scale which was compiled by the program personnel. Generally in the schools which were visited, facilities and material utilized were adequate. There were some minor incidents of tight space on particular days in some schools. This was generally solved by interaction between program personnel and the administration of the respective school.

This program as implemented coincided with the program as planned. The program serves the needs of the target population. The only limit on this service is imposed by the number of personnel available to meet student needs.

The following recommendations were made by the Evaluator of the 1973-1974 program.

1. The evaluator recommended that whenever possible the evaluation be done from April to April

This recommendation has been implemented for the entire umbrella, so that when appropriate test data is available, the post test of the previous year will supply the pre test data.

2. A continunity of program personnel from year to year was recommended.

This has been implemented to the degree that the same staff is available for assignments and that position allocations remain static.

3. The Evaluator recommends that staff not be assigned more than three (3) schools.

As far as possible this has been implemented. However, because of the counselor-pupil ratio where smaller schools receive only a day of service, full-time personnel to a limited degree, have been assigned beyond this recommendation.

4. The Evaluator saw the need for an improved ratio of counselors to supervisors of guidance.

The ratio has been improved this year by the addition of one position for supervision.

Chanter 4

In general, the program was successful insofar as the evaluation objectives were met. The behavior of the pupils in the program improved at a statistically significant level as seen by the referring teachers. A detailed description of the results can be found in the tables which follow.

TABLE I

Behavioral Rating Scale Data

Grades 10-12

Items	Changes +(0)	Changes +-(N)	z	Level of Significance
1	67	70	8.0	.01
2	70	74	7.1	.01
3	71	74	7.8	.01
4	38	38	5.0	.01
5	90	94	8.1	.01
6	85	92	8.8	.01
7	96	100	8.1	.01
8	84	88	8.5	.01
9	77	80	8.8	.01
10	79	83	9.0	.01
11	71	75	6.7	.01

Grades 10-12 N= 150 df= 149

1. Child is hyperactive and restless.
2. Is shy and withdrawn.
3. Seeks attention.
4. Demonstrates bizarre behavior.
5. Appears unhappy.
6. Has limited attention span.
7. Is poorly motivated.
8. Unable to follow through on assignments.
9. Appears depressed.
10. Fails in completing tasks.
11. Resists instruction.

Table I

From the preceding it can be seen that the improvement of behavior in the children as seen by the referring teachers was significant in all recorded categories at the .01 level of significance. This does not mean that every subject in the sample improved in all of the behavioral categories but rather that those areas changed significantly for those children who initially had problems in those areas. Table I refers to those students in Grades 10 through 12.

TABLE II

Behavioral Rating Scale Data

Grades 7-9

Items	Changes +(0)	Changes +,-(N)	z	Level of Significance
1	670	758	6.0	.01
2	606	691	6.3	.01
3	710	799	7.04	.01
4	257	302	12.3	.01
5	764	831	7.8	.01
6	835	897	25.7	.01
7	901	962	8.1	.01
8	835	907	8.2	.01
9	664	737	7.1	.01
10	867	926	9.1	.01
11	742	804	8.4	.01

Grades 7-9 N= 1954 df= 1953

1. Child is hyperactive and restless.
2. Is shy and withdrawn.
3. Seeks attention.
4. Demonstrates bizarre behavior.
5. Appears unhappy.
6. Has limited attention span.
7. Is poorly motivated.
8. Unable to follow through on assignments.
9. Appears depressed.
10. Fails in completing tasks.
11. Resists instruction.

Table II

Table II points out the improvement in behavior of the students as observed by the referring teachers. The size of the z scores can be explained in terms of the statistics employed and the size of the sample. Nevertheless, the objectives which were to improve student behavior by nature of intervention through the program were achieved.

TABLE III

Behavioral Rating Scale Data

Grades 4-6

Items	Changes +(0)	Changes +,- (N)	z	Level of Significance
1	991	1130	8.1	.01
2	904	1027	7.8	.01
3	1047	1167	9.7	.01
4	434	495	5.3	.01
5	1092	1198	10.2	.01
6	1382	1460	10.8	.01
7	1348	1438	10.6	.01
8	1248	1335	11.03	.01
9	928	1041	8.1	.01
10	1248	1323	10.3	.01
11	1221	1317	10.03	.01

Grades 4-6 N= 3549 df= 3548

1. Child is hyperactive and restless.
2. Is shy and withdrawn.
3. Seeks attention.
4. Demonstrates bizarre behavior.
5. Appears unhappy.
6. Has limited attention span.
7. Is poorly motivated.
8. Unable to follow through on assignments.
9. Appears depressed.
10. Fails in completing tasks.
11. Resists instruction.

Table III

From Table III it can be concluded that the referring teachers saw significant improvement in all of the categories listed as problem areas for the subjects in this sample. Significance was noted at the .01 level for all categories. The extremely high z scores can be accounted for by the size of the sample. The Sign Test which was employed here may also account for the large size of the z scores.

Additionally teachers may have become accustomed to the children by the time the post rating scale was administered and the behavior of the children may not have appeared to be as extreme.

TABLE IV

Behavioral Rating Scale Data

Grades 1-3

Items	Changes +(0)	Changes +,-(N)	z	Level of Significance
1	1500	1760	9.3	.01
2	1260	1350	10.1	.01
3	1413	1629	8.1	.01
4	680	820	6.2	.01
5	1570	1713	11.1	.01
6	1810	1955	7.1	.01
7	1815	2225	9.8	.01
8	1902	2067	12.2	.01
9	1270	1466	9.6	.01
10	1925	2145	12.1	.01
11	1550	1756	10.3	.01

Grades 1-3 N= 2745 df= 2744

1. Child is hyperactive and restless.
2. Is shy and withdrawn.
3. Seeks attention.
4. Demonstrates bizarre behavior.
5. Appears unhappy.
6. Has limited attention span.
7. Is poorly motivated.
8. Unable to follow through on assignments.
9. Appears depressed.
10. Fails in completing tasks.
11. Resists instruction.

Table IV

This table indicates that the behavioral gains as seen by the referring teachers were as significant for Grades 1-3 as they were for the upper grades. It may be concluded from this table that the referring teachers saw behavioral gains in a statistically significant manner in all areas tested.

RECOMMENDATIONS

1. The function should be recycled for the coming school year 1975-1976.
2. Since parent workshops were effective in the school wherein they were attempted, consideration should be given to an expansion of this activity. This will be dependent on the willingness of administration to introduce this activity. Prior to these workshops school communities should be canvassed to determine parent interest. This need not be a total canvas but rather a random sampling. In some communities, parents are unable to attend because of other committments. Before elaborate announcement of a program is made this survey should be conducted.
3. Some counselors and social workers felt that staff conferences devoted to learning disabilities, its assessment and remediation would be of profit.

With reference to the design for future years some thought should be given to the measurement of the statistical significance by use of the Sign Test. Perhaps other statistical measures may be more discriminating of the changes. The z scores obtained were so fantastically high that one must question the appropriateness of the Sign Test as a means of evaluating this project.

Chapter 5

EXEMPLARY PROGRAM ABSTRACT

Component Code	Activity Code	Objective Code
•	7 0 4	8 0 3

65423•
65424
65425
65426

This program was to provide Clinical and Guidance Services to students in the non-public schools. ESEA Title I eligibility in New York City is determined according to dual criteria: (1) Residence in an ESEA Title I target area; (2) Achievement below minimal competency levels in reading; or inability to speak English; or handicapping conditions. Since Clinical and Guidance Services are supportive to the instructional components, pupils receiving these services must also be participants in one or more of the following components: Corrective Reading; Reading Skills Centers; Corrective Mathematics; English as a Second Language. This program as it was conducted and from the analysis of the data which was gathered far exceeded the theoretical results. There are several reasons for the effectiveness of this program. First of all, the coordinators of the program were extremely sensitive to the placement of the staff in particular schools. Of the twenty schools visited, all of the administration were pleased with the personnel assigned to them. This refects the experience and sensitivity of the coordinators in making assignments as well as their familiarity with the strength of their respectives staffs. In addition to this the high professional caliber of the staff assigned to the non-public schoools was noteworthy.

The high level of cooperation between the Clinical and Guidance staffs assigned to the schools and the administration of the particular schools added to the success of the program. The fact that the original design was closely adhered to in practice also contributed to the success of the program.